QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: H Marital Status (S (M) W D)

Address Galena, Ohio Sex Male

Age 35 Occupation Chemical Engineer Date October 15, 1959

Height (in.) 70 Weight 180

1. Do you smoke? Yes ____ No X

2. Have you ever smoked? Yes ____ No X

If yes, what type, quantity and duration of smoking? ____

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.) Yes ____ No X

4. Have you recently had a respiratory illness? Yes ____ No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza	____	X	Heart Disease	____	X
Pneumonia	____	X	Cough	____	X
Sinusitis	____	X	Expectoration	____	X
Asthma	____	X	Wheezing	____	X
Tuberculosis	____	X	Shortness of Breath	____	X
Other Respiratory Disease	____		Chest Pain	____	X

Explain yes answers:

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Source: https://www.industrydocuments.ucsf.edu/docs/zjlb0000